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ABSTRACT

Since 1955, deinstitutionalization has brought 1.5 million chronic mental patients back into the community. Studies have shown that perception and citizen support of this population vary greatly. To investigate responses to encounters with chronic mental patients in public settings, 160 college students responded to vignettes manipulated for four variables: chronic versus physically handicapped person; confined versus unconfined situation; approached or not approached by a handicapped person; and presence or absence of witnesses. The subjects made judgments on aversiveness, unpredictability, and dangerousness, as well as reactions to the situation. An analysis of the results showed that citizens are very uncomfortable in encounters with chronic mental patients and that they find chronic mental patients to be very unpredictable and somewhat dangerous. The most favored response to this population was avoidance and disengagement. Citizens felt in more danger in open settings than in confined ones, and in less danger in the presence of witnesses.

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Perceived Unpredictability and Dangerousness of Mentally and Physically Handicapped Persons Encountered in Public Places

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Paper presented at the Midwestern Psychological Association Convention, May 7, 1983

Running head: Encounters with Chronics

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Abstract

Responses to encounters with chronic mental patients in public settings were studied using vignettes manipulating four independent variables--chronic vs. physically handicapped person, confined vs. unconfined situation, approached or not approached by person, presence or absence of witnesses. Encounters with chronic mental patients were found to be uncomfortable, unpredictable and dangerous. A cluster of disengaging behaviors appears to be favored when encountering a chronic mental patient in a public setting.

Title: Perceived Unpredictability and Dangerousness of Mentally and Physically Handicapped Persons Encountered in Public Places

Area: Personality

Problem:

Since 1955 an estimated 1.5 million long-term residents have been released from American psychiatric hospitals (Science, 1978). This exodus was precipitated by greater use of psychotropic drugs and successive policies of "deinstitutionalization" and treatment at the least restrictive level of care." The net effect is that approximately 250,000 psychiatrically disabled persons now reside in nursing homes, boarding houses, residential hotels, subsidized apartments, group homes, halfway houses, and shelters for the homeless. Many of these chronic mental patients are free to leave their community-based care facilities and, thus, are encountered by citizens in public places. Some of these chronic mental patients are disheveled, and some manifest unusual or bizarre behavior. The purpose of this study was to learn more about citizen responses to public encounters with chronic mental patients.

Many studies have been conducted to assess attitudes toward "mental illness" or "mental patients." As summarized by Rabkin (1976) these studies have found mental patients to be commonly perceived as "aversive," "unpredictable" and "dangerous." There is evidence both supporting and not supporting these common attitudes. For example, neighborhood residents often have been less than enthusiastic about receiving a new "community-based care facility" such as a group home for chronic mental patients (Wilmoth, 1982). On the other hand, there is evidence that the public underestimates the dangerousness of released psychiatric hospital patients (Pasewark, Seidenzahl & Pantle, 1981). Two issues unanswered by these attitude studies are 1) what behaviors are likely to follow from these attitudes, and 2) what role do situation parameters play in the perceptions of the chronic mental patient.

A previous study by the first author (Lueger, 1982) has indicated that more than four out of every five citizens find an encounter with a chronic mental patient in a public place to be an unpleasant experience. Three-fourths of those surveyed reported that they found chronic mental patients to be unpredictable. However, less than a fourth of the citizens found chronic mental patients encountered in public places to be dangerous. Despite the aversiveness of an encounter most citizens do not leave the situation.

Contact with a chronic mental patient in a public setting is likely to be an ambiguously defined experience. The target of one's perceptions is not easily labeled as "mental patient" unless bizarre behaviors are evident. It may be obvious that the target person is handicapped, but the attribution of causality for the obvious handicap may depend on situational cues. One situational cue is the presence of witnesses. As has been found in bystander intervention studies, a citizen uses cues from others' reactions in order to decide about the need-status of the target and the appropriateness of responding. Knowledge that others are witnessing the encounter can influence the responsibility that an individual feels for responding.

Another situational factor influencing responses to chronic mental patients is one's freedom of movement within a situation. Encounters in an open space with virtually unlimited freedom of movement such as a shopping center may produce a greater sense of control and result in different response strategies than encounters in a closed space with limited freedom of movement such as on a bus. This freedom-of-movement factor may account for the previously mentioned finding that despite the aversiveness of an encounter with a chroric mental patient most citizens do not adopt a direct coping strategy and disengage from the situation.

This study examined the influence of four variables 1) psychiatrically handicapped versus physically handicapped, 2) approached or not approached by a handicapped person, 3) presence or absence of witnesses, 4) confined setting versus unconfined setting on judgments of aversiveness, unpredictability and dangerousness. Heuristic responses and projected responses to an encounter in a public setting were also examined as a function of the four independent variables.

Procedure:

The subjects for this study were 160 introductory psychology students. They were randomly assigned to one of sixteen experimental conditions so that ten subjects participated in each condition. Two levels of each of four independent variables were manipulated to produce a 2(chronic vs. physical handicap) X 2(shopping center vs. bus setting) X 2(approached or not approached) X 2(witnesses or no witnesses) design. Vignettes described an encounter with a handicapped person in a public setting. The following is an example:

> Right now you are in a shopping center and have been browsing through the shops, looking at clothing that is on sale. You have a purchase in your hands. The shopping center is spacious; there aren't many people at the shopping center today, and it is easy to move about. A man about 40 years old, of medium height and build, dressed in a sweatsuit top, baggy khaki trousers and worn-out sneakers is standing in the aisle ahead of you. As he walks toward you, he alternates between mumbling and talking rather loudly. You can hear him say, "How do I know that I am a

man? . . .What can it mean to be mentally ill? . . . I implore you . . . What do you say?" As the man draws near you he turns to you, and looking at you asks, "Where are YOU going?" You quickly look around to see if other people are aware of what is happening and see that no one is watching you and the man. (Chronic, shopping center, approached, not witnessed)

The dependent variables were measured on seven-point scales behaviorally anchored at the extremes according to the question. The three major questions asked 1) how uncomfortable the subject would be in that situation, 2) how unpredictable the handicapped person was, and 3) how dangerous the person was. Seven responses each were rated for the question, "What is a good thing to do in this situation?" Four responses were rated to the question, "What would you really do in this situation?"

The ratings for each of the 14 dependent variables were evaluated with analysis of variance. Extended t-tests were used to make multiple comparisons.

Results:

Mean ratings, F values and probability levels for significant main effects and interactions are reported for "uncomfortableness," "unpredictability," and "dangerousness" in Tables 1 through 3 respectively. Subjects

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Insert Tables 1, 2 and 3 here

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were more uncomfortable with a chronic mental patient than with a physically handicapped person, and were more uncomfortable when approached. Chronic mental patients also were more unpredictable and dangerous than physically handicapped persons. Encounters in shopping centers were judged more

dangerous than encounters in a bus; encounters were more dangerous when approached than when not approached, and encounters were more dangerous when the encounter was not witnessed by other people.

Subjects indicated that it would be better to get away quickly, to ignore the person, and to avoid eye contact with a chronic mental patient than with a physically handicapped person, but that it would not be as good to talk with or to be understanding with a chronic mental patient (See Table 4). Those subjects rating the behavior of a chronic mental patient

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Insert Table 4 here

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thought it better to get away quickly in a shopping center if approached. Subjects thought it is better to talk with the chronic mental patient and to be more understanding if on a bus rather than in a shopping center (See Table 5).

Insert Table 5 here

When asked what they would really do, subjects indicated that they would be more likely to move away and to keep an eye on a chronic mental patient than a physically handicapped person, but that they would be less likely to converse with a chronic mental patient (Table 6). Subjects rating the

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Insert Table 6 here)

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behavior of a chronic mental patient were more likely to move away in a

shopping center than on a bus, to converse with the person if approached and to frequent the situation less if the encounter occurred in a shopping center than on a bus (Table 7).

Insert Table 7 here

Discussion:

The results of this study indicate that citizens are very uncomfortable in encounters with chronic mental patients and that they find chronic mental patients to be very unpredictable and somewhat dangerous. The response heuristic most favored by these subjects was to ignore a chronic mental patient, to avoid attracting attention, to avoid eye contact, and to not talk with him. The subjects indicated that they would keep an eye on a chronic mental patient, would probably move away and definitely would not converse with him. This cluster of avoidance heuristics and disengaging behaviors we have labeled "bystander disengagement."

These ratings, response heuristics and predicted actions vary as a function of situations that permit freedom of movement. An open setting is likely to yield more disengaging behavior than a confined setting. Despite greater freedom of movement, the open setting is considered more dangerous. This seeming paradox may be explained in one of two ways. It may be that citizens' expectations of encountering a chronic on a bus are greater than for a shopping center and that citizens are thus less prepared for encounters in a shopping center, albeit a less confining area. Another possibility is that citizens justify their disengagement behavior by attributing more dangerousness to chronic mental patients encountered in situations in which they are free to move away. The evidence from this study would seem to support the former interpretation in that citizens indicated that they would

be less likely to frequent a shopping center if encountering a chronic mental patient there.

The presence of witnesses does not influence the unpredictability of chronic mental patients, but it does result in a perception that the chronics are less dangerous. Thus, the presence of others would seem to have a supportive effect on an encounter. Social impact theory predicts that the presence of coacting witnesses in a situation is likely to result in less individual effort. In the situations presented in this study, that would mean greater disengagement and less likelihood of being supportive toward the chronic mental patient. There was mixed evidence for this prediction in that there was a trend in witnessed encounters for subjects to be less likely to be supportive, but also less likelihood of moving away. An alternative explanation might be that witnessed encounters provide social support but also bring evaluation apprehension in which the citizen is more uncomfortable about abruptly leaving but is also more uncomfortable about offering overt support to the chronic mental patient. This study did not permit an adequate test or comparison of these two theories.

In conclusion, chronic mental patients, as indicated by the earlier attitude studies, are perceived as very unpredictable and as moderately dangerous. An encounter with a chronic mental patient is an uncomfortable experience that may lead to disengaging behaviors. However, the role of situational variables in mediating those attitudes and behaviors indicates that the stereotype of a chronic mental patient can change. By informing the public of the role of these variables it may be possible to reduce the unpredictability experienced by citizens in encounters with chronic mental patients.

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Table 1

Ratings of Uncomfortableness

Variable	Mean	F	p
Person		17.76	.001
chronic	5.78		
handicapped	4.95		
Approached		4.17	.05
yes	5.56		
no	5.16		
Setting x Approach x Witness		4.7.	.05
shopping center			
approached-yes			
witnesses	5.55		
no witnesses	5.45		
approached-no			
witnesses	5.30		
no witnesses	5.40		
bus			
approached-yes			
witnesses	5.45		
no witnesses	5.80		
approached-no			
witnesses	5.55		
no witnesses	4.40		

Table 2

Ratings of Unpredictability

Variable	Mean	F	p
Person		6.32	.05
chronic	5.50		
handicapped	4.92		
Person x Approach		4.31	.05
chronic			
approached-yes	5.35		
approached-no	5.65		
handicapped			
approached-yes	5.25		
approached-no	4.60		

Table 3

Ratings of Dangerousness

Variable	Mean	F	p
Person		40.07	.001
chronic	4.21		
handicapped	2.99		
Setting		4.28	.05
shopping center	3.82		
bus	3.41		
Approached		7.26	.01
yes	3.89		
no	3.35		
Witnesses		4.81	.05
yes	3.40		
no	3.84		

Table 4

Responses to the Question,
"What is a good thing to do in this situation?"

Response	Mean Ratings: Chronic	Mean Ratings: Handicapped	F	p
1. Get away quickly	3.79	2.64	24.62	.001
2. Ignore him	4.79	3.21	32.43	.001
3. Talk with him	3.11	4.38	28.17	.001
4. Be understanding	4.15	5.39	23.97	.001
5. Avoid eye contact	4.10	2.85	20.54	.001
6. Be firm	3.66	2.84	.48	ns
7. Avoid attracting his attention	4.46	4.11	1.78	ns

Table 5

Responses to Chronics
("What is a good thing to do in this situation?")

Response	Mean	F	p
1. Get away quickly			
Setting		11.95	.001
shopping center	4.38		
bus	3.20		
Approached		4.55	.05
yes	4.15		
no	3.42		
3. Talk with him			
Setting		7.67	.01
shopping center	2.65		
bus	3.58		
4. Be understanding			
Setting		6.68	.01
shopping center	3.68		
bus	4.62		

Table 6

Responses to the Question,
"What would you really do in this situation?"

Response	Mean Ratings		F	p
	Chronic	Handi-capped		
1. Move away	4.10	3.22	10.03	.01
2. Keep an eye on him	5.38	4.19	20.29	.001
3. Converse with him	2.60	3.76	17.82	.001
4. Frequent that place less	3.86	3.02	0.87	ns

Table 7

Responses to Chronics
("What would you really do in this situation?")

Response	Mean	F	p
1. Move away			
Setting		25.86	.001
shopping center	4.71		
bus	2.61		
3. Converse with him			
Approach		12.71	.001
yes	3.62		
no	2.74		
4. Frequent that place less			
Setting		25.86	.001
shopping center	4.32		
bus	3.56		